Missouri State Highway Patrol

Agency:



Jeremiah W. (Jay) Nixon Governor

Missouri Department of Health and Senior Services Breath Alcohol Program

SIMULATOR CALIBRATION REPORT

This is to certify that the simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance to the standards set by the Rules of Missouri Department of Health and Senior Services, 19 CSR 25-30.

SIMULATOR INFORMATION

Serial Number:	MP2322					
Manufacturer:	Guth					
Model Number:	12V500					
		<u>CAI</u>	<u>IBRATI</u>	ON RES	SULTS	
		<u>Tem</u>	ference perature 34.01	Simul Temper 34.0	<u>rature</u>	
This calibration was NIST-Traceable The			306168		-	
This simulator was tested by:			JLC		-	
This testing was performed:			10/15/15		-	
This certification expires:			10/15/16			
Signature of certifying DHSS Scientist:					A	
Name of certifying DHSS Scientist:			Ellen R. S	trawsine	A A A A A A A A A A A A A A A A A A A	



Missouri Department of Health and Senior Services
P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466



Jeremiah W. (Jay) Nixon Governor

Gall Vasterling Director

Missouri Department of Health and Senior Services Breath Alcohol Program

BREATH ALCOHOL SIMULATOR TEST WORKSHEET

T	est	Simu	lator	Inforn	nation

Agency	Missouri Sta	te Highway Patrol		<u> </u>
Email for COC	Jimmy.clevel	and@mshp.dps.mo	COPY OF LABEL PLACES ON SIMULATOR	
Serial Number:	MP232	2	ONSIMULATOR	
Manufacturer:	Guth		1 3545 72 5	
Model Number:	12V500		THE STATE OF THE S	
NIST-Traceable Refer	rence Thermor	neter Information		10 R SI 10 R S
Serial Number:	3061	68		NURS STATES
Date of Certification:	08/13	3/2015		
Date of Expiration:	08/13	3/2016		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Test Simulator Measu	rements			77 Z.3
	Readings	Reference Thermometer	Test Simulator	000 R
	1	34.01	34.00	, , ,
	2	34.001	34,00	
	3	34.081	34,00	
	4	34.61	34,00	
1	5	34.01	34,00	
Bias (δ_T) :	_	- (2)	· ·	
Technician performing	g testing:	Jimmy L. Cleveland_		
I hereby certify that all data of Breath Aleohol Simulator Signature:	submitted within the sand 19 CSR 25-3	0051, Breath Analyzer	accordance with the DHSS Calibration and Accuracy Ve	crification Standards.
Submit completed forms for		دع	ohol Program by fax at (573	

www.health.mo.gov